

Return completed form to Healthcare Realty:

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HEALTHCARE REALTY

# Tenant Information Update

Changes to contact, billing and emergency information

## Contacts

### OFFICE

Tenant name: \_\_\_\_\_

Building address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Back line: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Tenant cell number: \_\_\_\_\_

### EXECUTIVE CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DAY-TO-DAY CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SURVEY CONTACT

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### CERTIFICATE OF INSURANCE (COI) CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Office information

### OFFICE HOURS

M \_\_\_\_\_-\_\_\_\_ T \_\_\_\_\_-\_\_\_\_ W \_\_\_\_\_-\_\_\_\_ TH \_\_\_\_\_-\_\_\_\_ F \_\_\_\_\_-\_\_\_\_

SAT \_\_\_\_\_-\_\_\_\_ SUN \_\_\_\_\_-\_\_\_\_ Lunch hours \_\_\_\_\_-\_\_\_\_

**EXTRA HOLIDAYS** (Dates office will be closed aside from New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day)

### PERSONNEL

Tenant specialties: \_\_\_\_\_

Number of personnel Physicians: \_\_\_\_\_ Employees: \_\_\_\_\_ Patients/Clients: \_\_\_\_\_/day (approximate)

Is there a subtenant in your suite? Yes No If yes, list name of subtenant: \_\_\_\_\_



Billing

Billing address: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency

EMERGENCY CONTACTS

Name:	Cell phone:	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there an alarm in your suite?      Yes      No      If applicable, provide code: \_\_\_\_\_

Has someone been designated to check suite doors/lights at end of business day?      Yes      No

PERSONS AUTHORIZED TO ENTER SUITE

List all persons authorized to enter your suite should they require assistance from Healthcare Realty. Attach page for more names.

_____	_____
_____	_____
_____	_____

Tenant Center access

Healthcare Realty offers office management shortcuts on the Tenant Center. Save time with automated rent payments, online service requests and more.

CONTACT	ACCESS	CONTACT	ACCESS
Executive Contact		Accounts Payable Contact	
Day-to-Day Contact		Emergency Contact #1	
Survey Contact		Emergency Contact #2	
COI Contact		Emergency Contact #3	

OTHER PERSON(S) THAT REQUIRE ACCESS

Name: _____	Title: _____
Phone: _____ Alt. phone: _____	Email: _____
Name: _____	Title: _____
Phone: _____ Alt. phone: _____	Email: _____
Name: _____	Title: _____
Phone: _____ Alt. phone: _____	Email: _____

**AUTHORIZED BY:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Electronic signature represented by blue type)

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

